Application No. (if known): 10/661,277

Attorney Docket No.: 09871/0200033-US0

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Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page) Fee Transmittal Sheet (1 page) Fee Summary Sheet (1 page)

Request for Continued Examination Transmittal (RCE)(1 page)

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Ŋ	Effective on 12/08/2004.				Complete if Known								
1	Fees pursuant to the Consolidated A	Application Number 10/661,277-Conf. #7613											
FEE TRANSMITTAL				Filing Date September		September 12	12, 2003						
For FY 2005					First Named Inv		Takashige Kakizoe						
F01 F1 2003					Examiner Name A. M. M. Boo			hler					
L	Applicant claims small ent	Art Unit 3611											
Ŀ	TOTAL AMOUNT OF PAYME	(\$) 1,240.00	Attorney Docket No. 09871/0200033-US0										
	METHOD OF PAYMENT (check all that apply)												
	x Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
h	FEE CALCULATION							*****					
1	. BASIC FILING, SEARCH, A	ND EXA	MINATION FEES	3				. <u>**</u> *					
		FILIN	G FEES	SEA	ARCH FEES	EXAMIN	NATION FEES	;					
١,	Application Type	ee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)				
	Utility	300	150	500	250	200	100						
	Dèsign	200	100	100	50	130	65						
	Plant	200	100	300	150	160	80						
ı	Reissue	300	150	500	250	600	300						
ı	Provisional	200	100	0	0	0	0						
1-	. EXCESS CLAIM FEES								Small Entity				
	ee Description Each claim over 20 (including	Reissues	)					Fee (\$) 50	Fee (\$) 25				
E	ach independent claim over 3	(includi	ng Reissues)					200	100				
N	Aultiple dependent claims							360	180				
	Total Claims Extra Clai	ms l	Fee (\$)	Fee F	Paid (\$) Multiple Depe			ident Claims					
١.	.=	x =					ee (\$)	Fee Paid (\$)					
	Indep. Claims			aid (\$)				_					
١.	.=	× _	=										
_	. APPLICATION SIZE FEE												
	If the specification and drawing listings under 37 CFR 1.52								ı				
	sheets or fraction thereof.					oi siliali c	nuty) for each a	additional 50					
	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
- 100 = /50 (round <b>up</b> to a whole number) x =													
4	OTHER FEE(S)							Fees F	Paid (\$)				
l	Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1252 Extension for response within second month  450.00												
	Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 1801 Request for continued examination (RCE) (see 37 790.00												
s	UBMITTED BY	11											
Sig	gnature	fu			Registration No. (Attorney/Agent)	47,522	Telephone	(212) 527	'-7791				
N	Name (Print/Type) Louis J. Dejouidice Date December 14, 2005												
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